

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation California Nurses Association Political Action Committee (CNA PAC)	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2000 Franklin Street	
(c) City, State and ZIP Code Oakland, CA 94612	3. FEC Identification Number C C90013616
2. Occupation and Name of Employer (for Individual Filers Only)	

### 4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

### 5. COVERING PERIOD:

FROM 01 01 2016

THROUGH 03 31 2016

6. TOTAL CONTRIBUTIONS ..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 900.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

MALINDA MARKOWITZ

Melinda Markowitz 4-12-16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV. 09/2013)